EXAMINER'S REQUESTS

(1) A list of keywords that are particularly helpful in locating publications related to the disclosed art of determining intermediate and final codes based on information gathered.

Such keywords may include:
"Centers for Medicare and Medicaid Services"
"Health Care Finance Administration"
"HFCA"
"medical billing"
"CPT"
"Current Procedural Terminology"
"Documentation Guidelines for Evaluation and Management Services"

The following URL documents the name change from Health Care Financing Administration (HCFA) to Centers for Medicare and Medicaid Services (CMS):
http://www.cms.gov/about/default/asp (*see* **Enclosure 1**)

Other related CMS URLs include:
http://cms.hhs.gov/about/
http://www.hhs.gov/news/press/2001pres/20010614a.html (*see* **Enclosure 2**)

(2) Copies of each publication which any of the Applicants authored or co-authored and which describe the disclosed subject matter of generating billing code using calculated intermediate values from obtained information.

Applicant has not authored or co-authored any publication which describe the disclosed subject matter of generating billing code using intermediate values from obtained information.

(3) The title, citation, and copy of each publication that is a source used for the description of the prior art in the disclosure. For each publication, please provide a concise explanation of that publication's contribution to the description of the prior art.

Applicant forwards herewith a copy of each publication and also takes the opportunity to submit an Information Disclosure Statement regarding same, to formalize the Examiner's review of same. Such publications which are contained in Applicant's original specification at Pages 7 and 8 include:

U.S. Patent No. 5,732,221 to Feldon et al (March 24, 1998)

The preferred embodiment of Feldon and Agrawal invention uses a GridPad, a larger pen-based system. This includes a method for defining menu items and then a method for displaying these items in menus. It defines items such as titles, nouns, pronouns, and adjectives from which the user selects to generate a report. Based on the selections by the user, a written report is generated.

U.S. Patent No. 4,130,881 to Haessler et al (December 19, 1978)

This uses a branching method to assist in automatically taking a history from a patient. When particular answers are given, the system then asks pertinent related questions. The patient does this, so that the answers later are available to the physician. Such a system could gather initial pertinent positive and negative information for the health care provider.

U.S. Patent No. 5,794,208 to Goltra (August 11, 1998)

This invention discloses a method for developing disease or symptom-specific protocols for examining a patient. This is accomplished by submitting features of the patient's history and examination (for example) to a database. Based on the findings, the database develops a disease specific examination protocol. This protocol could then be utilized on a computer to indicate the results of examining the patient.

U.S. Patent No. 5,802,495 to Goltra (September 1, 1998)

This invention discloses a method, based on the health care professional's findings, for generating the text of a narrative report of the examination.

U.S. Patent No. 5,325,293 to Dorne (June 28, 1994)

This is a method for collecting all of the aspects of a radiological examination so that the total billing code can be calculated.

U.S. Patent No. 5,483,443 to Milstein et al (January 9, 1969)

This method displays a "a set of queries to the medical professional" and determines the appropriate coding level based on the results of these queries.

(4) The title, citation, and copy of each publication that any of the applicants relied upon to develop the disclosed subject matter that describes the applicant's invention, particularly as to developing automatically determining intermediate and final codes from received information and the information being sufficiently detailed to support HFCA and Centers for Medicare & Medicaid Services billing requirements. For each publication, please provide a concise explanation of the reliance placed on that publication in the development of the disclosed subject matter.

Applicant used his combined knowledge of medicine, medical billing, and general software development in preparing the above-reference application. No outside sources that Applicant is aware of were relied upon by Applicant to develop the disclosed subject matter that describes the Applicant's invention.

(5) The names of any products or services that have incorporated the claimed subject matter.

Minosa, Inc. (Applicant's own business that was started to market the claimed subject matter contained in the above-reference application.)
see also the following URL: http://minosa.com/

(6) The names of any products or services that have incorporated the disclosed prior art of processing intermediate values from obtained data to generate HCFA billing code.

Applicant is aware of no products or services that have incorporated the disclosed prior art of processing intermediate values from obtained data to generate HCFA billing code.

(7) The specific improvements of the subject matter in Claims 49, 51, 55, 58, 59, 68, 74-76, and 91 over the disclosed prior art and indicate the specific elements in the claimed subject matter that provide those improvements. For those claims expressed as means or steps plus function, please provide the specific page and line numbers within the disclosure which describe the claimed structure and acts.

Applicant respectfully submits that (1) these claims should be considered by the Examiner with all of the limitations that appear in each claim, and (2) it is unusual and potentially improper to require Applicant to list "specific improvements" and "specific elements" as requested by the Examiner. Applicant respectfully solicits from the Examiner written authority for requesting such "lists". Applicant expressly reserves his rights in that regard, but in a good faith effort to advance the prosecution of this application, Applicant has responded as set forth below.

Among other things, Applicant would expect that, in any future infringement or validity analysis of claims that might issue from this application, conventional principles would be applied including (by way of example) the entirety of each claim must be considered (rather than some "subset" of elements within the claim).

Claims 49, 51, 55, 58, 59, 68, 74-76, and 91 as Applicant currently understands their present condition, have been reproduced below. Specific elements in the claimed subject matter are represented in **bold text** while the disclosure that support each element, as can be found in the original specification, is indicated after each of the aforementioned specific elements in page number/line number format. For example, the designation 4/4-5 would indicate that text referring to the specific improvement can be found at page 4, lines 4 through 5; and 4/4-5/5 would indicate that text referring to the specific improvement can be found at page 4, line 4 through page 5, line 5 of the original specification. A copy of the original specification (*see* **Enclosure 3**) with the addition of line numbering in the left hand margin of each page has been provided for the Examiner's convenience. Due to the addition of line numbers the text of each page may or may not have been shifted to another page, however the text of the specification as reproduced in Enclosure 3 is exactly as originally filed.

49. Apparatus for gathering medical information regarding a patient and generating a billing code related to that information, including:

electronic means to repeatedly prompt for various information and record that information, said prompts being usable in **real time** by a physician/user interacting with a patient to help **guide the physician/user during said interaction** (9/14-17, 10/13-14, 11/13-14, 15/6-12, and 37/12-13) with the patient and to **remind the physician/user regarding specific points**

9/14-17, 10/13-14, 11/13-14, 15/6-12, and 37/12-13) of inquiry that may be relevant to further examination of that patient, said prompts **soliciting underlying information** (9/14-17, 10/13-14, 11/3-14, and 15/6-12) regarding details of the medical service being provided, said underlying information being usable for **calculating a medical service code** (13/17-14/10, 15/13-16/2, and 31/7-10) based upon said underlying information rather than said prompts soliciting the physician/user for the medical service code itself, said underlying information being necessary for determining and/or supporting the medical services code for purposes of the physician/user's eventual billing for the services;

processing means for **calculating intermediate values** (22/18-25/16, 26/16-27/8, 32/8-33/3, and 33/16-18) based on said recorded information;

processing means for **using intermediate value to generate billing code** (24/4-8, 33/3-6, 33/16-18, 34/4-15, and 35/1-3).

51. A method for gathering a patient's data and using that data in generating a billing code, including:

providing an **electronic computer** (9/12-14, 18/12-19/2) to **prompt the information gatherer to gather information** (9/14-17, 11/3-14, and 15/6-12) that at least includes information relevant to calculating the billing code, said computer prompts being usable in real-time by the information gatherer interacting with a patient to help guide the information gatherer during said interaction with the patient and to remind the information gatherer regarding specific points of inquiry that may be relevant to further examination of that patient, said prompts soliciting underlying information usable for calculating a description of a medical service being provided rather than said prompts soliciting the information gatherer for the description of said medical service itself, said underlying information being independent of the description of said medical service for purposes of the eventual billing for the service;

obtaining and recording that information (11/3-15, 15/6-12);

repeating (10/13-14, 11/3-14, and 15/6-12) said prompting, obtaining, and recording steps; and

electronically calculating a desired billing code (13/17-14/10, 15/13-16/2, and 31/7-10) from said gathered data.

55. A method of calculating a medical billing code that **complies with the requirements of the United States Health Care Financing Administration** (3/4-16, 10/10-13,13/4-16, and 34/15-16), including:

providing an electronic computer or scannable form (9/12-14, 18/12-19/2);

prompting the information gatherer via said electronic computer or said scannable form to gather information (9/14-17, 10/1-9, 11/3-14) that at least includes information relevant to calculating the billing code, said computer prompts being usable in real-time by said information gatherer interacting with a patient to help guide said information gatherer during said interaction with the patient and to remind said information gatherer regarding specific points of inquiry that may be relevant to further examination of that patient, said prompts soliciting underlying information usable for calculating a description of the medical services being provided rather than said prompts soliciting said information gatherer for the description itself of

the medical services, said underlying information being independent of the description of the medical services for purposes of the eventual billing for the services;

obtaining and recording that information (11/3-14) into said electronic computer or said scannable form;

repeating said prompting, obtaining, and recording steps (10/13-14, 11/3-14, 15/6-12); and

electronically calculating a desired billing code from said gathered data (13/17-14/10, 15/13-16/2, 31/7-10).

58. Apparatus for electronically calculating an appropriate United States Health Care Financing Administration (HCFA) billing code based on a medical examination of a patient, including:

electronic means for recording information during the medical examination, said information including at least sufficient details to support billing requirements imposed by HCFA;

electronic means for automatically determining, based upon said details, **intermediate HCFA code values for sub-parts of the examination;** (9/12-14, 10/10-12, 13/14-15, 18/12-19/2, 22/18-25/16, 26/16-27/8, 32/8-33/3, and 33/16-18) and

electronic means for automatically determining, based upon said details, **an appropriate final HCFA billing code from the intermediate** HCFA **code** (10/10-12, 13/4-14/10, 15/13-16/2, 24/4-8, 27/8-28/3, 24/4-8, 33/3-6, 33/16-18, 34/4-15, and 35/1-3) values.

59. Electronic apparatus for use in connection with an encounter between a medical practitioner and a patient, comprising:

electronic means for prompting the medical practitioner regarding data to be obtained (9/12-17, 10/1-9, 10/13-14, and 18/12-19/2) from the patient regarding patient care and corresponding HCFA billing codes, said data including at least sufficient details to support billing requirements imposed by HCFA, said information constituting more than just a conclusory description of the medical services;

means for storing said data (11/14-17, 29/16-30/15) from the patient;

a **menu section** comprising at least one of history, physical examination, and medical decision making questions, **said menu section related to said means for prompting the medical practitioner** (9/14-17, 10/13-14, 11/3-14, and 15/6-12);

payer mandate requirement codes (3/4-16, 10/10-13, 13/4-16, 26/3-5, 31/11-18, and 34/1-16);

scores based in part on results from responses (15/13-16/2) to said menu section;

algorithm for linking and processing (13/4-16, 13/17-14/10, 15/13-16/2, 31/7-10, 9/12-14, 10/10-12, 13/14-15, 18/12-19/2, 22/18-25/16, 26/16-27/8, 32/8-33/3, 33/16-18, 10/10-12, 13/4-14/10, 15/13-16/2, 24/4-8, 33/3-6, 33/16-18, 34/4-15, and 35/1-3) said requirement codes with said scores; and

resultant code (10/10-12, 13/4-14/10, 15/13-16/2, 24/4-8, 33/3-6, 33/16-18, 34/4-15, and 35/1-3) based in part on said linked and processed requirement codes and scores.

68. Apparatus for compiling medical data and generating claims consistent with payer mandates, comprising:

electronic means for displaying topics of inquiry (9/12-14, 18/12-19/2) for use with a patient during a patient encounter, said topics of inquiry including at least sufficient details to support billing requirements imposed by said payer mandates, said topics of inquiry designed to elicit responses that include more than just a conclusory description of the medical services;

data forms for collecting and storing data from said patient encounter, **said data comprising patient responses and user generated text** (9/14-17, 10/1-9, 10/13-14, 11/13-14, 11/16-17, and 15/6-12) information based in part on said patient encounter;

codes representative of at least one of billing, procedure, and documentation requirements (3/4-16, 10/10-13, 13/4-16, 26/3-5, 31/11-18, and 34/1-16);

algorithm for linking, comparing, and computing (10/10-12, 13/4-14/10, 15/13-16/2, 24/4-8, 26/16-28/3, 31/7-10, 32/8-33/3, 33/3-6, 33/16-18, 34/4-16, 35/1-3, and 37/7-10) said collected data with said requirement codes; and

resultant code (10/10-12, 13/4-14/10, 15/13-16/2, 24/4-8, 33/3-6, 33/16-18, 34/4-15, and 35/1-3) based in part on said linked, compared, and computed data.

74. A medical electronic device for facilitating patient inquiries, for collecting and storing responses to said inquiries, and for generating documentation and claim requirements, said device comprising:

an **electronic means for prompting a user** with questions and inquiries **and for storing responses and free text** (9/12-14, 15/6-12, and 18/12-19/2) information;

medical charts having at least one of history, physical examination, and medical decision making information (9/14-17, 10/1-4, 10/13-14, 11/3-14, and 15/6-12);

software configured for storing Health Care Financing Administration codes, and for linking said responses with said Health Care Financing Administration codes (10/10-12, 11/14-15, 13/4-15, 13/4-15, 13/17-14/10, 15/13-16/2, and 19/9-15); and

resultant code (10/10-12, 13/4-14/10, 15/13-16/2, 24/4-8, 33/3-6, 33/16-18, 34/4-15, and 35/1-3) based in part on said linked responses.

75. A device for facilitating patients data gathering and for complying with government or insurance mandates, said device including an **electronic means configured with software means for displaying menus, for prompting medical related questions, and for storing responses and other user input information** (9/12-17, 10/1-9, 10/13-14, 11/3-17, 15/6-12, and 18/12-19/2); said device further **including government or insurance requirements** (3/4-16, 10/10-13, 13/4-16, 26/3-5, 31/11-18, and 34/1-16) for taking history, diagnosing, treating, billing, and documenting, and **algorithm for linking** said stored responses and other information with said government or insurance requirements **and for computing codes** (10/10-12, 13/4-14/10, 15/13-16/2, 24/4-8, 26/16-28/3, 31/7-10, 32/8-33/3, 33/3-6, 33/16-18, 34/4-16, 35/1-3, and 37/7-10) in connection with filing a claim.

76. A process for generating documents, records, and codes in compliance with government or health insurance mandates, said process including the steps of:

(a) **providing a database of procedure and treatment requirements** (3/4-16, 10/10-13, 13/4-16, 26/3-5, 31/11-18, and 34/1-16);

(b) **using at least one electronic input device** (9/12-14, 18/12-19/2) to gather information regarding a patient, said input device configured to gather information on related input forms, which is based at least in part on information in said database and at least in part on one of history, physical examination, and medical decision making inquiries;

(c) **calculating scores, said scores** are **based in part on said requirements** (13/4-16, 15/13-16/2), and related to said billing codes and said gathered information;

(d) **electronically linking said gathered information, said requirements, and said scores** (11/16-17, 15/13-16/2) for processing;

(e) **processing said linked information with an algorithm** (10/10-12, 13/4-14/10, 15/13-16/2, 24/4-8, 26/16-28/3, 31/7-10, 32/8-33/3, 33/3-6, 33/16-18, 34/4-16, 35/1-3, and 37/7-10) to compute a final score; and

(f) enabling a user to print or copy said final score and other gathered information to submit to said government or health insurance for payment.

91. Apparatus for electronically calculating an appropriate United States Health Care Financing Administration (HCFA) and Centers for Medicare & Medicaid Services billing code based on a medical examination of a patient, including: **electronic means for receiving information** other than intermediate and final codes and **automatically determining intermediate and final codes based upon said information other than those codes**, said information other than those codes being sufficiently detailed to support HCFA and Centers for Medicare & Medicaid Services billing requirements. (9/14-17, 10/1-9, 10/13-14, 11/3-14, 13/17-14/10, 15/6-12, 15/13-16/2, 18/12-19/2 and 31/7-10)